

Provider Contact and Service Information

Please provide the following information in order to allow Medicaid to list you as an ABA provider on our website at <http://health.utah.gov/ltc/asd>. This form can be submitted to kknaras@utah.gov or faxed to 801-536-0153.

Provider Name: _____

Provider Phone #: _____

Provider Website: _____

Service Area: (please check all which apply):

☐ **STATEWIDE** (leave county selections blank if checked)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Beaver County | <input type="checkbox"/> Box Elder County | <input type="checkbox"/> Cache County | <input type="checkbox"/> Carbon County |
| <input type="checkbox"/> Daggett County | <input type="checkbox"/> Davis County | <input type="checkbox"/> Duchesne County | <input type="checkbox"/> Emery County |
| <input type="checkbox"/> Garfield County | <input type="checkbox"/> Grand County | <input type="checkbox"/> Iron County | <input type="checkbox"/> Juab County |
| <input type="checkbox"/> Kane County | <input type="checkbox"/> Millard County | <input type="checkbox"/> Morgan County | <input type="checkbox"/> Piute County |
| <input type="checkbox"/> Rich County | <input type="checkbox"/> Salt Lake County | <input type="checkbox"/> San Juan County | <input type="checkbox"/> Sanpete County |
| <input type="checkbox"/> Sevier County | <input type="checkbox"/> Summit County | <input type="checkbox"/> Tooele County | <input type="checkbox"/> Uintah County |
| <input type="checkbox"/> Utah County | <input type="checkbox"/> Wasatch County | <input type="checkbox"/> Washington County | <input type="checkbox"/> Wayne County |
| <input type="checkbox"/> Weber County | | | |

I acknowledge that I am requesting that Medicaid provide this information and am responsible for keeping the Bureau of Authorization and Community Based Services up to date with any changes that may be required.

Signature of Provider Representative

Date